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ABSTRACT

This profile, written for national, state, and local professionals in aging, presents a broad overview of state and area agencies on aging as of 1981. This first report of the National Data Base on Aging (NDBA) contains the information generated by an initial survey of the entire network of state and area agencies. Subsequent annual reports will be based on information collected from one third of the area agencies. Information on the data base is provided in the first section. The second section of the report describes the organization, structure, characteristics, and funding of state units on aging, (based on the responses of 53 state units to the NDBA survey); state units are the unifying forces through which the broad policy objectives of the Older Americans Act (OAA) are functionalized. The third section of the report describes the organization, structure, characteristics, and funding of 530 area agencies on aging, which are public or nonprofit private agencies or organizations designated by the state to administer the OAA and its programs at the substate level. Section 4 of the report focuses on the providers and services for aging individuals discussing activities, funding, and service delivery sites. The appendices contain a listing of service definitions and the content of the NDBA. (BL)

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A Profile of State and Area Agencies on Aging 1981

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A Profile of State and Area Agencies on Aging - 1981

Prepared By

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and
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August 1982

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- Our *Project Advisory Board members*, made up of State and Area Agency directors and staff, who gave invaluable assistance in the design of the survey instruments and this report.
- The four State Units and ten Area Agencies that provided important input to this project through their participation in field tests and pre-tests of the questionnaires.

State Units

1) Maryland
2) New Jersey
3) Virginia
4) Washington

Area Agencies

1) Denver, Colorado
2) Fort Myers, Florida
3) Tampa, Florida
4) Baltimore City, Maryland
5) Baltimore County, Maryland
6) Montgomery County, Maryland
7) Essex County, New Jersey
8) Erie County, New York
9) Alexandria, Virginia
10) Snohomish County, Washington

- TSDI, our consultants who provided continual support and technical assistance throughout the evolution of the National Data Base on Aging.
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FOREWORD

Professionals in the field of aging at the national, state and local level have long recognized the value of timely and accurate data for supporting the functions of program management, services development and research, both within and outside of government. The emergence of computer information systems in this field, which present data in a manner useful for decision-making and analysis, is but one example of the priority which human service administrators and others have placed on reliable information to support a variety of important responsibilities. Cognizant of this need for high quality information, NASUA and N4A have developed the *National Data Base on Aging* to present, in a precise manner, the characteristics, activities and services of State and Area Agencies on Aging.

Established under the provisions of the Older Americans Act, enacted by Congress in 1965 and subsequently amended, State and Area Agencies on Aging are responsible for using federal, state and local funds to develop a broad range of state and community programs for older persons, including in-home care, transportation and nutrition services.[1] The National Data Base is a computerized bank of information about various aspects of these programs on aging. It is designed to provide information for planners, policy analysts and managers in State and Area Agencies, as well as federal agencies, the Congress, national organizations on aging and the research community.

What follows is a broad overview of the data collected thus far, and is designed to present general characteristics of State and Area Agencies on Aging. Future analyses are planned which will focus on particular aspects of the network and provide additional information beyond the general scope offered in this initial publication. NASUA and N4A are also in a position to respond to specific requests from the network for analyses and information. In this regard, an important purpose of this first report is to acquaint the reader with the content of the National Data Base and its utility for supporting any number of future inquiries. We hope the information presented will stimulate new ideas for further study.

This report is divided into four major sections:

1. National Data Base on Aging: Its Purpose and Methodology
2. State Units on Aging: Their Organization, Structure and Funding
3. Area Agencies on Aging: Their Organization, Structure and Funding
4. Providers and Services for the Aging

We believe the potential for the National Data Base is far reaching, and invite all with an interest in programs on aging to use this information resource to further the development, delivery and effective management of services for older persons.

[1]For a concise legislative and administrative history of Older Americans Act programs see "An Orientation to the Older Americans Act", published by NASUA.

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Section I

THE NATIONAL DATA BASE ON AGING: ITS PURPOSE AND METHODOLOGY

- **What is the National Data Base on Aging, and why is it important?**

The National Data Base on Aging is a demonstration project designed to test the feasibility of a voluntary system for collecting information at the national level about the network of State and Area Agency on Aging programs. The effort is a joint undertaking of NASUA and N4A, funded by the Administration on Aging within the U.S. Department of Health and Human Services, and involves an annual questionnaire survey of all State Units and one-third of the Area Agencies. The Data Base will be used by NASUA and N4A to prepare a series of reports, of which this is the first, covering many aspects of State and Area Agencies, the services they support and their other activities on behalf of older persons. A detailed description of the current and future content of the Data Base is provided in Appendix B.

The National Data Base represents the first major initiative conducted at the national level to compile comparable information about all activities and services supported by State Units and Area Agencies, along with a detailed description of the organization, structure and budgets of this network on aging. It is designed to address the following problems:

- The sparsity of timely and accurate data about the total population of State and Area Agencies, and associated services for older persons;
- The lack of comparability, given the range of service definitions in use; and
- The weak link between information now collected, and the purposes for which data is needed at various levels within the network.

The National Data Base on Aging has addressed these problems in several ways:

- Through the use of a systematic approach for data collection;
- By employing a uniform set of service definitions for consistently compiling network program descriptions; and
- By involving intended beneficiaries of the Data Base in all aspects of the project's design and implementation.

Because user involvement is of such paramount importance, the project relies heavily on guidance from an advisory board of State and Area Agency personnel, Congressional staff, representatives of the research community, and staff from the Administration on Aging and the Office of Human Development Services. In addition, the project builds on previous work undertaken by NASUA and N4A which identified State and Area Agency needs for, and capacity to provide, information about clients, services, providers, associated costs, as well as data on the organization, structure, budgets and activities of State and Area Agencies, themselves. This advisory board is intended to ensure that the data collected provides the greatest benefit with the least possible amount of difficulty for respondents.

- **How is the National Data Base constructed?**

The Data Base has two major components, (or phases to its development), an initial survey of the entire network, and subsequent annual samples. The first phase was begun in September, 1981 and involved requesting a baseline of information from all 57 State Units and 666 Area Agencies. A questionnaire survey was administered by mail, with a response rate of 83 percent from Area Agencies and 93 percent from State Units. Unless otherwise indicated the information presented in this report is based on responses from 53 State Units and 530 Area Agencies. We were extremely pleased by the overwhelmingly positive response from the network, representing a substantial commitment of time and effort on the part of State and Area Agencies. The four State Units which failed to respond were among the smallest, representing less than one percent of the persons 60+ in the country. Of the Area Agencies, in no case did a particular federal region have fewer than 57 percent of its Area Agencies respond.

A two-phase process was used for several reasons. First, it allowed for testing the viability of a voluntary approach for capturing information from State and Area Agencies. Second, it began building a base of information which could be tapped for a variety of analytical purposes. Third, since very little reliable information was currently available, it provided an empirical basis for drawing a representative sample of Area Agencies, an essential prerequisite for conducting Phase II of the project. This report is based on the information collected in Phase I.

The project's second phase, initiated in August, 1982, involves collecting information each year from one-third of the Area Agencies. The sample, designed in conjunction with the Institute for Social Research at the University of Michigan, calls for a different group of Area Agencies to be selected annually. This

approach provides a rolling update every three years, minimizes respondent burden, and guarantees a high degree of sample reliability. State Units, because they number only 57, will all be surveyed each year. The level of detail of the data collected as part of the sampling phase, while similar, is greater than during the first year, as shown in Appendix B.

- **How can information from the National Data Base on Aging be obtained?**

Access to the Data Base can be accomplished in several ways. First, NASUA and N4A, through their advisory board, have, and will continue to, anticipate and provide the kinds of reports which potential users of the Data Base desire. This will result in not only information for general distribution, but will also include specific analyses tailored to the needs of a particular agency.

In addition, the network is invited to contact NASUA and N4A with requests for information from the Data Base to suit their individual requirements. We will be as responsive as possible to such inquiries, and are committed to making this valuable resource widely available. For those with the capacity to conduct their own research, the data is also stored at the National Archives of Computerized Data on Aging located at the University of Michigan.

The ultimate test of this project's success will be the extent to which information flowing from the Data Base becomes an important resource for the network and the range of agencies and individuals associated with it. This is the purpose for which the National Data Base on Aging was designed.

Section II

STATE UNITS ON AGING: THEIR ORGANIZATION, STRUCTURE AND FUNDING

- **What is a State Unit on Aging?**

The State Unit on Aging is the unifying force at the state level through which the broad policy objectives of the Older Americans Act ultimately come to pass. It is an agency of state government designated by the Governor and/or state legislature as the focal point for all matters relating to the needs of older persons within the state. State Units on Aging are responsible for planning, coordinating, funding and evaluating programs for older persons authorized by both state and federal governments.

- **How are State Units organizationally structured?**

The term "State Unit on Aging" is a general term. The specific title and organization of the agency will vary from state to state. The State Unit may be called a Commission, an Office, a Department, a Bureau, a Council, a Board, or it may carry some other title such as Aging and Adult Services Program.

There are 57 State Units on Aging including the fifty states, the District of Columbia, Virgin Islands, Puerto Rico, Northern Mariana Islands, Trust Territories of the Pacific Islands, Guam and American Samoa. *Fifty-three percent of State Units are independently functioning, single-purpose agencies on aging which report directly to the Governor. Forty-seven percent are located within multi-purpose umbrella agencies.*[2]

The free-standing, single-purpose State Agencies are generally one of two organizational types. They may be cabinet-level offices with the director appointed by the Governor or they may be commissions which have policy-making authority and are served by an executive director and staff.

State Units on Aging are responsible for planning, coordinating, funding and evaluating programs for older persons in their state. One aspect of their planning role is to divide their state into planning and service areas. Within each planning and service area, the State Unit designates a public or private non-profit organization to serve as the Area Agency on Aging. The Area Agency is the local body for planning and coordinating services for older persons. There are 666 Area Agencies in 44 states with a range of 4 Area Agencies in Hawaii to 58 in New York.

There are 14 states or territories which are either small or rural, designated as single State planning and service areas. In these instances the State Unit on Aging serves in the same capacity as the Area Agencies.

- **How many staff are employed in State Units on Aging?**

In carrying out their advocacy, social service development, and administrative responsibilities, State Units on Aging are required to have a full-time director and an adequate number of qualified staff. While the number of staff required by a State to carry out its responsibilities will vary according to the number, characteristics and distribution of elderly persons in a State, *two-thirds of all State Units have full-time staff complements of less than 35 persons. The median number of full-time staff is 26.* (see Figure 1)

Figure 1 Full-time State Unit Employees*

Number of Full-time Staff Members	Number of State Units	Percent of State Units (%)	Cumulative Percent (%)
5-14	7	13.2	13.2
15-24	18	34.0	47.2
25-34	11	20.7	67.9
35-44	4	7.5	75.4
45-54	3	5.7	81.1
55-64	3	5.7	86.8
65+	7	13.2	100.0

N = 53 State Units on Aging
Median number of full time staff is 26.
*Includes all full-time staff members regardless of what funding source is used to pay their salary. Volunteers are not included.

The Trust Territories with 5 full-time staff have the smallest staff complement, while Missouri with 474 staff has the largest number of staff.[3] As expected, *those State Units with the smallest staff complements also have the smallest total budgets and conversely those with the largest staff complements also have the largest budgets.* For example five of the seven State Units which have 65 or more staff,

[2]This information is based on all 57 State Units on Aging.
[3]Since the Missouri Division on Aging directly administers a significant portion of the state's Title XX program, it utilizes a statewide system of decentralized offices with Division on Aging employees to provide case management for older persons.

also have budgets which rank in the largest five budgets for all State Units. The budgets of the other two States rank ninth and eleventh. On the other hand, five of the seven States with the smallest staff complement have total budgets which rank in the bottom eight (e.g., ranks of 52, 51, 50, 49 and 46). The budgets of the other two States rank 34 and 36.

The median number of full-time professional or managerial staff is 17 with a range of 2 in Wyoming to 104 in Missouri. Professional or managerial staff are those personnel who hold licenses, certification, have supervisory positions or decision-making authority. *The median number of support staff is 9 with a range of 0 in the Trust Territories to 370 in Missouri.* Support staff include clerical workers and other employees who do not hold professional or managerial positions.

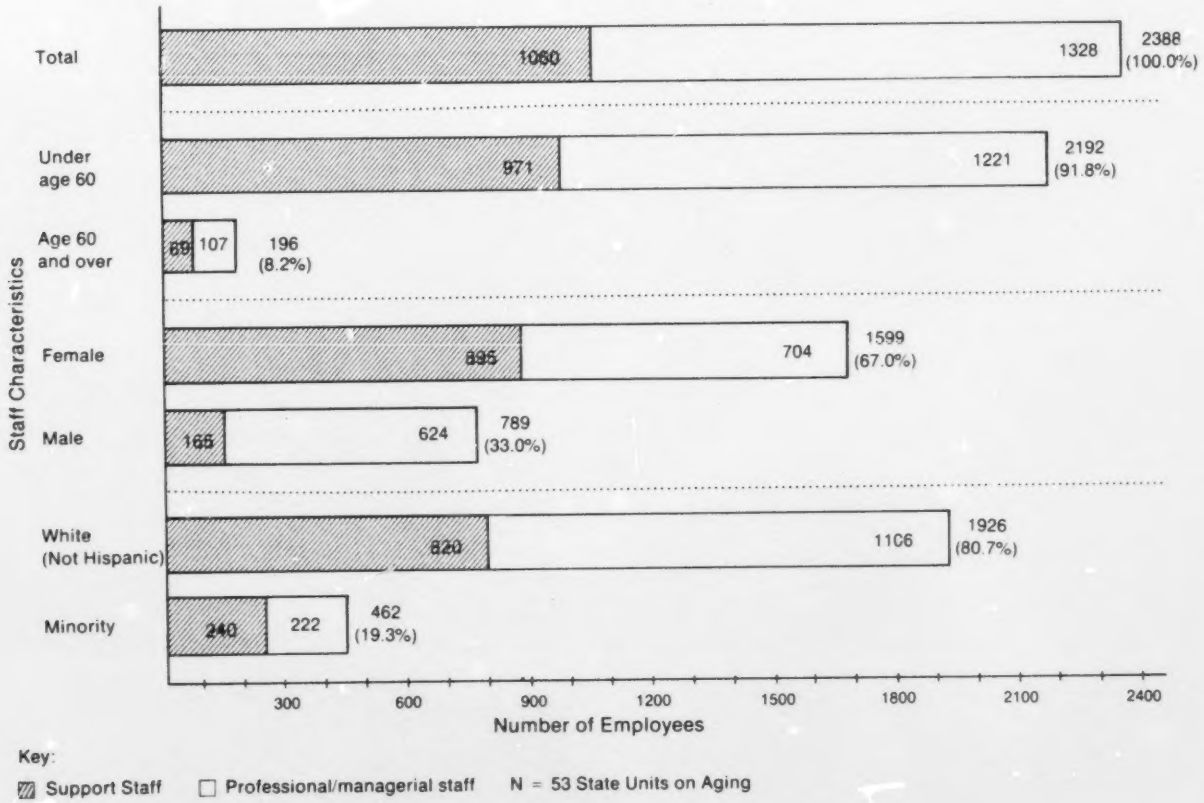
In addition to full-time staff, *33 (62 percent) of the State Units have part-time staff.* The average number of part-time staff for these states is 3 with a range of 1 to 12.

- **What are the characteristics of State Unit on Aging staff?**

As shown in Figure 2, *56 percent of State Unit staff hold professional or managerial positions while 44 percent are employed in support positions. Of all full-time staff, 8 percent are 60 years of age and over.* Older persons hold 8 percent each of the professional and support positions in State Units. Figure 2 also shows that older people are more likely to hold professional positions than support positions.

It is interesting to note that while older persons comprise only 8 percent of the full-time staff complement, they account for 46 percent of the part-time positions. This pattern may partially indicate a preference for part-time work as the literature on older workers has frequently cited. Part-time positions account for 4 percent of all staff positions in State Units on Aging. One reason for the limited number of part-time positions is the requirements

Figure 2 Characteristics of Full-time State Unit on Aging Staff



of state merit systems which frequently do not allow for part-time work arrangements. State Units on Aging are required to give preference to the hiring of older persons "subject to the requirements of merit employment systems of state and local governments." These systems require states to hire from "best qualified" lists. For a number of reasons older persons often do not apply for jobs through the merit system.

Figure 2 also shows that *67 percent of State Unit full-time staff are women.* While in many fields women serve primarily as support staff, *women employed in State Units hold 53 percent of the professional positions. The percent of minorities employed by State Units is 19%* which generally reflects the proportion of minority persons in the general population. Minority employees are about equally as likely to hold professional positions as they are to hold support positions. *Forty-eight percent of minority staff are employed in professional or managerial positions.*

Regarding educational level, *63 percent of all staff have a college or a professional degree including 82 percent of the professional staff and 36 percent of the support staff.* Twenty-nine percent of the professional staff have masters degrees and 7 percent have doctoral or other professional degrees.

Seventy-one percent of all staff have been employed at the State Unit for two years or more including 73 percent of professional staff and 68 percent of support staff. Fifteen percent of all staff have been employed under a year. The median turnover rate in a twelve month period is 18 percent.

- **What are the characteristics of State Advisory Councils on Aging?**

Each State Unit on Aging is required to establish an Advisory Council which assists the State Unit in: (1) developing and implementing the State plans; (2) conducting public hearings; (3) representing the interests of older persons; and (4) reviewing and commenting on other State plans, budgets and policies which affect older persons. More than fifty percent of the members must be at least sixty years old and include persons with economic or social needs and recipients of services provided under the Older Americans Act.

Advisory Councils vary substantially in size from state to state. *The number of Advisory Council members ranges from 6 to 48 with a median of 15 and an average of 19 members.* As shown in Figure 3, *69.3 percent of all members are 60 years of age and older.*

Women and minorities are well represented on State Unit Advisory Councils. Forty-five percent of all members are women and 22.7 percent are minorities. Fifteen percent are both 60 years of age or older and minorities.

As shown in Figure 4, *program participants who account for 39 percent of all* Advisory Council members are the single largest category of members. Program participants are individuals 60 years of age and older and beneficiaries of the services coordinated and funded by the State and Area Agencies on Aging. Community and advocacy group affiliates are the next largest category representing 31 percent of all Advisory Council members. *Approximately 21 percent of Advisory Council members represent the private sector* either as staff of private or voluntary agencies or as members of the business community.

It should be noted that in Figure 4 the total of all members exceeds the actual number of members since a person can represent more than one group. For example an Advisory Council member can be both an affiliate of an advocacy group and a program participant.

Figure 3 State Unit on Aging Advisory Council Membership by Age, Sex and Minority Status. (Number and Percent of Total Advisory Council Members)

	Under Age 60		Age 60 and Over		Total
	Male	Female	Male	Female	
Minority	39 (4.1%)	34 (3.5%)	67 (6.9%)	79 (8.2%)	219 (22.7%)
All Other	121 (12.5%)	102 (10.6%)	306 (31.7%)	217 (22.5%)	746 (77.3%)
Total	296 (30.7%)		669 (69.3%)		965 (100.0%)

N = 52 State Units on Aging

Figure 4 Advisory Council Representation in State Units on Aging*

Representation	Number of Members	Percent of Total Membership (%)
Elected officials	72	7.5
Public Agency Staff	106	11.0
Private/Voluntary Agency Staff	127	13.2
Program Participants	377	39.1
Community/Advocacy Group Affiliates	299	31.0
Business Community Representatives	85	8.8
Other	195	20.2

N = 52 State Units on Aging

- **What size budgets are State Units on Aging responsible for administering?**

Nationwide, State Units directly administer over $1.2 billion for programs on aging. However, the budgets of these agencies range significantly in size and composition not only due to differences in the states' populations, but also because of varying roles and levels of responsibility assigned by governors and state legislatures.[4]

There are many similarities as well. For example, each State Unit receives an allocation of funds from the Administration on Aging, under the provisions of Title III of the Older Americans Act. A formula is used for determining these awards, based on each state's 60 + population, with certain minimum guarantees. Additional sources and amounts, beyond federal cost-sharing requirements, are dependent on circumstances unique to the states, a fact which provides an interesting basis for inquiry in future analyses.

Figure 5 identifies the range of budget sizes among State Units. The largest budget is administered by Massachusetts with a total of $102.6 million, which includes a significant amount of state funds for home care services. Massachusetts is followed closely by the more populous states of Illinois, New York, Pennsylvania, California and Florida. As one would expect, the smallest budgets are in the states and territories with the lowest populations, however, not necessarily in direct proportion to the population size. The median State Unit budget is $12.5 million.

- **What funding sources are used by State Units on Aging?**

Collectively, State Units make use of as many as 17 different sources of financial support. Within each state, however, there is considerable variation regarding the number and relative size of the funding streams employed.

Figure 6 gives a concise picture of the diverse financial base of State Units. Over one-half (55 percent) of State Unit resources come from the Older Americans Act. The two largest sums of money in this regard are Titles III B and III C, which support a variety of social and nutrition services, described in Section IV. The Title III B funding level is $248.6 million or 20.6 percent of the composite budget, while Title III C amounts consist of two categories, $277.7 million for Title III C-1 (congregate meals) and $62.6 million for Title III C-2 (home delivered meals). The other three Older Americans Act Titles

*Budget figures are those in effect as of August, 1981, regardless of the state's particular fiscal year.

Figure 5 Budget Totals of State Units on Aging*

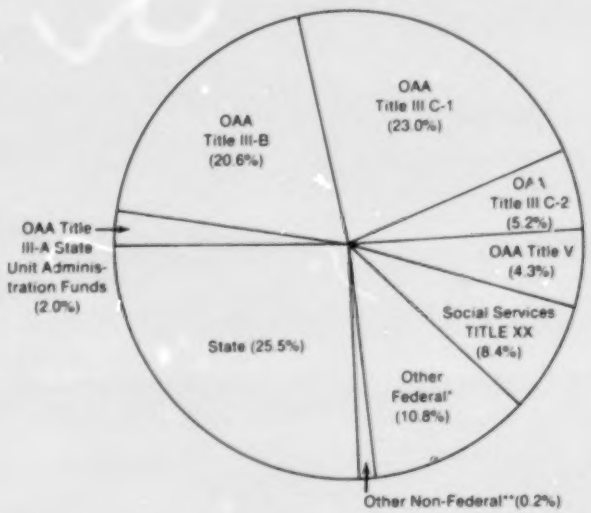
Total State Budget (in thousands of dollars)	Number of State Units	Percent (%)	Cumulative Percent (%)
Under $5,000	9	17.0	17.0
$5,000- $9,999	13	24.5	41.5
$10,000-$14,999	9	17.0	58.5
$15,000-$19,999	4	7.5	66.0
$20,000-$24,999	4	7.5	73.5
$25,000-$29,999	1	1.9	75.4
$30,000-$34,999	2	3.8	79.2
$35,000-$39,999	1	1.9	81.1
$40,000-$44,999	2	3.8	84.9
$45,000-$49,999	1	1.9	86.8
$50,000 and over	7	13.2	100.0

N = 53 State Units on Aging

Median budget is $12,508,702

*Includes all funding sources which appear in the budgets of State Units on Aging

Figure 6 State Unit on Aging Composite Budget by Source


OAA Title III C-1 (23.0%)
OAA Title III-B (20.6%)
OAA Title III C-2 (5.2%)
OAA Title III-A State Unit Administration Funds (2.0%)
OAA Title V (4.3%)
Social Services TITLE XX (8.4%)
State (25.5%)
Other Federal* (10.8%)
Other Non-Federal**(0.2%)

N = 53 State Units on Aging

*Other Federal Includes: Older Americans Act Title IV
Action
Department of Transportation
Social Security Title XIX (Medicaid)
Department of Agriculture
Commodities and Cash in lieu of Commodities
Other

**Other Non-Federal Includes: Private
In-Kind
Other

III, IV and IV, provide $23.4 million, $13.5 million and $52.0 million, respectively. Title III A is a separate allotment the State Unit receives for administration. Title IV is for training, advocacy assistance and model/research projects, while Title V supports part-time employment for low income older persons.

State funds, the next most frequently occurring source, account for over one quarter (25.5 percent) of the total. State funds, which amounted to $307.5 million are used for a variety of purposes, including service expansion, initiation of new programs or providing the matching share for federal funds, such as for services under Title XX of the Social Security Act.

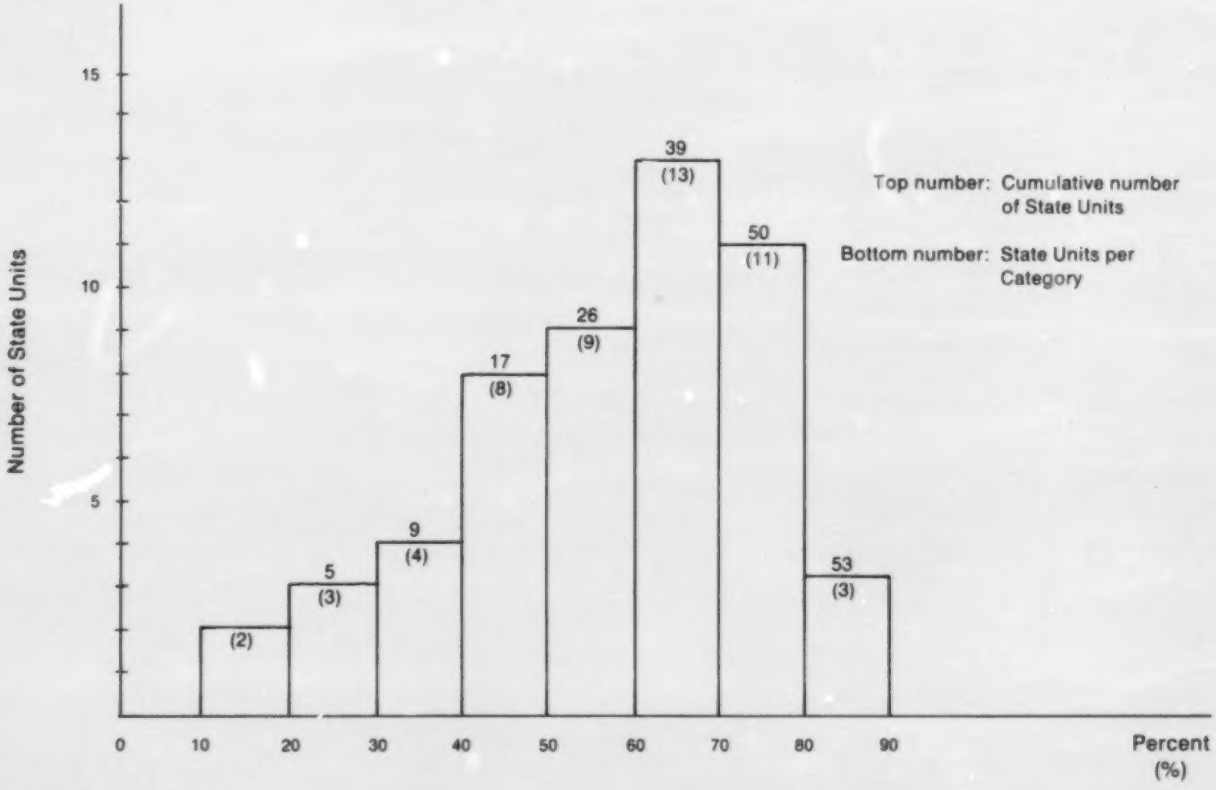
Title XX has been a significant source of funding for certain State Units, even though nationwide it only constitutes 8 percent of the collective budgets. Over one-third (35 percent) of the State Units administer Title XX funds, with an average budget of over $5.3 million in those states where it is used.

State Units also employ several other federal sources of funds, which, including Title IV, above, make up nearly 11 percent of their total budgets. Significant among them are:

1. USDA Cash .....47 states ....$74.2 million
2. USDA Commodities 22 states ....$12.1 million
3. Medicaid Funds .... 4 states ....$14.5 million

Since State Unit budgets vary extensively in size and composition, interstate comparisons are particularly difficult. Any meaningful analysis must first consider obvious variations associated with the sheer size differences of the states involved. One such method is comparing the total State Unit budget to a figure already adjusted for variations in population size. Using this approach, Figure 7 categorizes states by the percent of the total budget which consists of Older Americans Act Title III B and C funds. As shown, the majority of State Units have budgets which include between 50 percent and 80 percent Title III B and C funds. However, nearly one-third (30 percent) of the State Units derive over half of their support from sources *other* than their formula grant under Title III.

Figure 7 Older Americans Act Titles III B, III C-1 and III C-2 as a Percent of Total Budget Size



N = 53 State Units on Aging

Figure 8 identifies in general the manner in which State Units divide their financial resources. Over three-fourths (75.8 percent) of these funds are distributed to Area Agencies for local program development and service delivery purposes. Another 12.1 percent is used by the State Unit for grants and contracts for state-wide coordination, advocacy and service delivery. This includes awards for services made by those single state planning and service areas which function as Area Agencies on Aging. The provision of direct services to clients by State Units, including the "Long Term Care Ombudsman Program" mandated by the Older Americans Act, accounts for 3.4 percent of the budget, while 6.3 percent is retained by the State Units for administration.

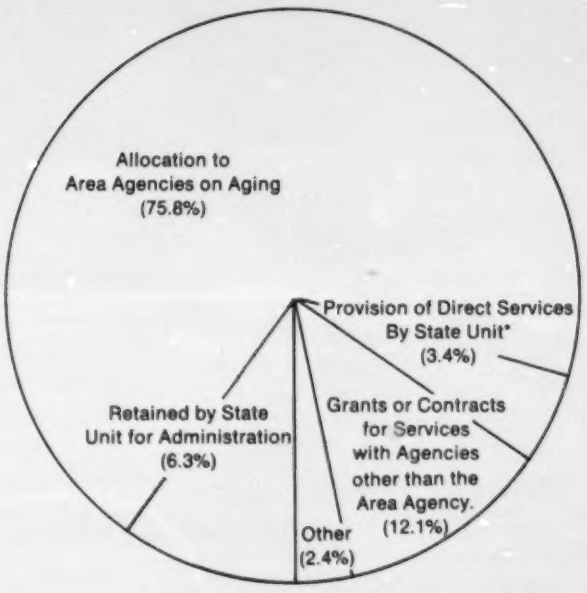
The Data Base will permit many other types of budgetary analyses as well, and we plan to study the relationships between financial and other variables associated with State Units on Aging.

- **How do State Units distribute funds to Area Agencies on Aging?**

State Units employ an intrastate funding formula for allocating Older Americans Act Title III funds to Area Agencies on Aging. These formulas may also be used by State Units on Aging for allocating other funds and generally consist of a base amount coupled with factors which vary allocations according to several criteria.

The formula is an important mechanism for directing funds to geographic areas with a high incidence of need for services, and the criteria used are frequently intended to target resources to those areas. The Older Americans Act requires that preference for service be given to persons with the "greatest economic or social need." In this regard, the allocation formula is one of several policy vehicles available to the State Unit for addressing this requirement.

Figure 8 Distribution of State Unit on Aging Funds


Allocation to Area Agencies on Aging (75.8%)
Provision of Direct Services By State Unit* (3.4%)
Retained by State Unit for Administration (6.3%)
Grants or Contracts for Services with Agencies other than the Area Agency. (12.1%)
Other (2.4%)

N = 53 State Units on Aging
*Includes the ombudsman program

Figure 9 Intrastate Allocation Formula—Base Amount

How Base Amount is Allocated	Number of State Units on Aging
By PSA	31
By County Within Each PSA	4
PSA's Held Harmless at Some Prior Level	18

N = 36 State Units on Aging

Of the 53 State Units on Aging respondents, 10 states function as single planning and service areas and therefore do not have intrastate funding formulas. One of the 53 respondents did not provide information on this question. Therefore, we have information on 42 of the 44 intrastate funding formulas in use.

As shown in Figure 9, 36 State Units explicitly employ a base amount as part of their allocation formula. Of these, 31 use an identical amount for each Planning and Service Area. Four State Units compute a base amount for each *county* within the Planning and Service Area, and allocate the total to the Area Agency. In the remaining States, the minimum base is automatically built into the formula. Finally, 18 State Units guarantee that an Area Agency's allocation will not be less than the amount awarded for some prior period. This "hold harmless" provision is sometimes used in combination with the other base allocation methods described, above.

- **What factors are used in State Unit allocation formulas to target resources for older persons?**

Beyond the base amounts described, above, the factors used by State Units to allocate funds are shown in Figure 10. Again, 42 states make use of such factors, although the criteria used differs significantly from state to state. The four factors most frequently utilized are the "population 60+," "low income elderly," "minority elderly" and a "rural" factor. Since many states employ more than one factor in their formula and assign a different weight to each one, the average of these weights among respondents using them, was included in the figure.

Population 60+ was used by 40 State Units, with an average weight of 53.8 percent. The weights ranged from 10 percent to 100 percent, with 22 of the State Units assigning a value of 50 percent to this criterion. Only 3 states used 60+ population exclusively.

Low Income Elderly is the next most frequently utilized factor. Of the 35 State Units employing this factor, 25 assigned a value of 25 percent or more, with one State Unit using this variable exclusively. The average weight for this factor was 34 percent.

Minority Elderly is the third most frequently utilized variable appearing in 20 State Unit intrastate formulas. The average weight for this factor was 16.5 percent. Rural factor appears in 19 state formulas with the average weight being 15 percent.

Figure 10 Intrastate Allocation Formula—Variable Factors

Allocation Factor	Number of State Units Using Factor	Average Weight Assigned by States Using Each Factor (%)
Population 60+	40	52.6
Population 65+	2	19.0
Population 75+	8	22.1
Low Income Elderly	35	31.7
Rural Factor	19	15.0
Elderly Living Alone	1	33.0
Minority Elderly	20	16.5
Low Income Minority Elderly	1	34.0
Other	5	18.4

N = 42 State Units on Aging

Section III

AREA AGENCIES ON AGING: THEIR ORGANIZATION, STRUCTURE AND FUNDING

- **What is an Area Agency on Aging?**

An Area Agency on Aging is a public or non-profit private agency or organization designated by the state to administer the Older Americans Act and its programs at the sub-state level. Like its counterpart at the state level, an Area Agency on Aging serves both as the advocate and visible focal point in its planning and service area to foster the development of more comprehensive and coordinated service systems to serve older individuals. Within this context, Area Agencies on Aging have a clear responsibility to assure that supportive and nutrition services are made available to older persons in communities where they live. Significantly, it is through the Area Agency on Aging that most Older Americans Act services are funded, implemented, coordinated, expanded and upheld.

- **How are Area Agencies organizationally structured?**

Currently there are 666 Area Agencies in 44 states, ranging from 4 Area Agencies in Hawaii to 58 in New York. There are no Area Agencies in 14 States or Territories which are either small or rural. In these instances the State Unit fulfills the role of the Area Agency.

Area Agencies may be either free standing, single-purpose agencies or they may be located within multi-purpose umbrella agencies. *Approximately, 53 percent of the Area Agencies are single-purpose agencies while 47 percent are* located in multi-purpose umbrella agencies.

In designating an Area Agency on Aging a State Unit must give priority to an established office on aging (or to a tribal organization if the Planning and Service Area's boundaries closely match those of the Indian reservation). Generally, they are one of seven organizational types: council of government, regional planning or economic development commission, city government, county government, educational institution, tribal organization, or private/non-profit agency. (See Figure 11).

Area Agencies are predominantly of three organizational types. As shown in Figure 11, 38 percent are private non-profit agencies. Nearly 29 percent of the Area Agencies are either Council of Governments or Regional Planning or Economic Development Commissions. The third significant category is county government which constitutes 24.5 percent of all Area Agencies. Fifty-eight percent of all Area Agencies are public or quasi-public while 38 percent are private non-profit agencies.

- **How many staff are employed in Area Agencies on Aging?**

Area Agencies on Aging are required to have a full-time director and an adequate number of staff to carry out their varied responsibilities. The number of staff required by an Area Agency differs depending on the programs and funds administered. *Over 70 percent of all Area Agencies have full-time staff complements of less than 15 persons* (see Figure 12). *The median number of full-time staff is 7.* Those Area Agencies with the very largest staff complements administer several funding sources and have significantly larger budgets than most Area Agencies. The six Area Agencies, which have one hundred or more staff, each have total budgets of $7 million or more.

Figure 11 Area Agency on Aging Organizational Type

Organization Type	Number of Area Agencies on Aging	Percent of Area Agencies on Aging (%)
Council of Government	79	14.9
Regional Planning or Economic Development Commission	73	13.8
City Government	15	2.8
County Government	130	24.5
Educational Institution	5	1.0
Private/Non-Profit	202	38.1
Tribal	3	.6
Other	23	4.3
Total	530	100.0

N = 530 Area Agencies on Aging

Figures 13 and 14 distinguish between professional/managerial and support staff. Professional or managerial staff are those personnel who hold licenses, certification, have supervisory positions or decision-making authority. The median number of full-time staff in these positions is 4. In addition to full-time staff, 76 percent of the Area Agencies have part-time staff. While 49 percent of all Area Agency staff are employed in a part-time capacity, the median number of part-time positions is only 3.

- **What are the characteristics of full-time Area Agency on Aging staff?**

As shown in Figure 13, 50 percent of Area Agency full-time staff hold professional or managerial positions while 50 percent are employed in support positions. Of all full-time staff, 12 percent are over 60 years of age. This percent compares favorably with Bureau of Labor Statistics' figures which show that persons sixty years of age and older comprise 6.9 percent of the total U.S. workforce (Employment and Earnings, February, 1982).

Figure 13 also shows that *76 percent of Area Agency full-time staff are women*. While in many fields women

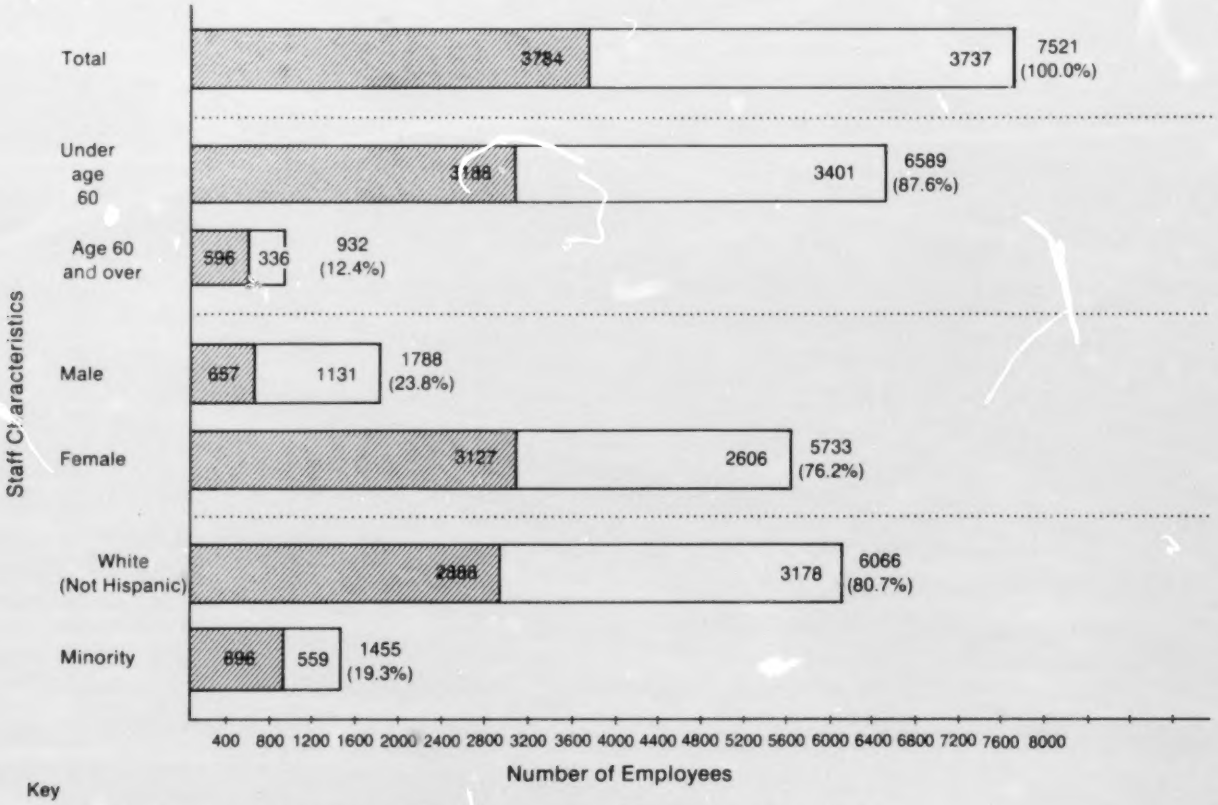
Figure 12 Full-time Area Agency on Aging Employees.*

Number of Full-time Staff Members	Number of Area Agencies	Percent of Area Agencies (%)	Cumulative Percent of Area Agencies (%)
Under 5	155	29.3	29.3
5-9	150	28.3	57.6
10-14	81	15.3	72.9
15-19	34	6.4	79.3
20-24	28	5.3	84.6
25-29	15	2.8	87.4
30-34	23	4.3	91.7
35-39	10	1.9	93.6
40-44	7	1.3	94.9
45+	27	5.1	100.0

N = 530 Area Agencies
Median number of full-time staff is 7.

*Includes all full-time staff members regardless of what funding source is used to pay their salary. Volunteers are not included.

Figure 13 Characteristics of Full-time Area Agency on Aging Staff



serve primarily as support staff, *women employed in Area Agencies hold 70 percent of the professional positions. The percent of minorities employed by Area Agencies is 19 percent* which generally reflects the proportion of minority persons in the general population.

Regarding educational level, *53 percent of all staff have a college or professional degree including 75 percent of professional staff and 18 percent of support staff.* Twenty-four percent of the professional staff have masters degrees and 4 percent have doctoral or other professional degrees.

Sixty-two percent of all staff have been employed at the Area Agency for two or more years including 66 percent of professional staff and 59 percent of support staff. Nineteen percent of all staff have been employed under a year. The median turnover rate in a twelve month period is 17 percent. Twenty-nine percent of all Area Agencies did not have any turnover in a twelve month period.

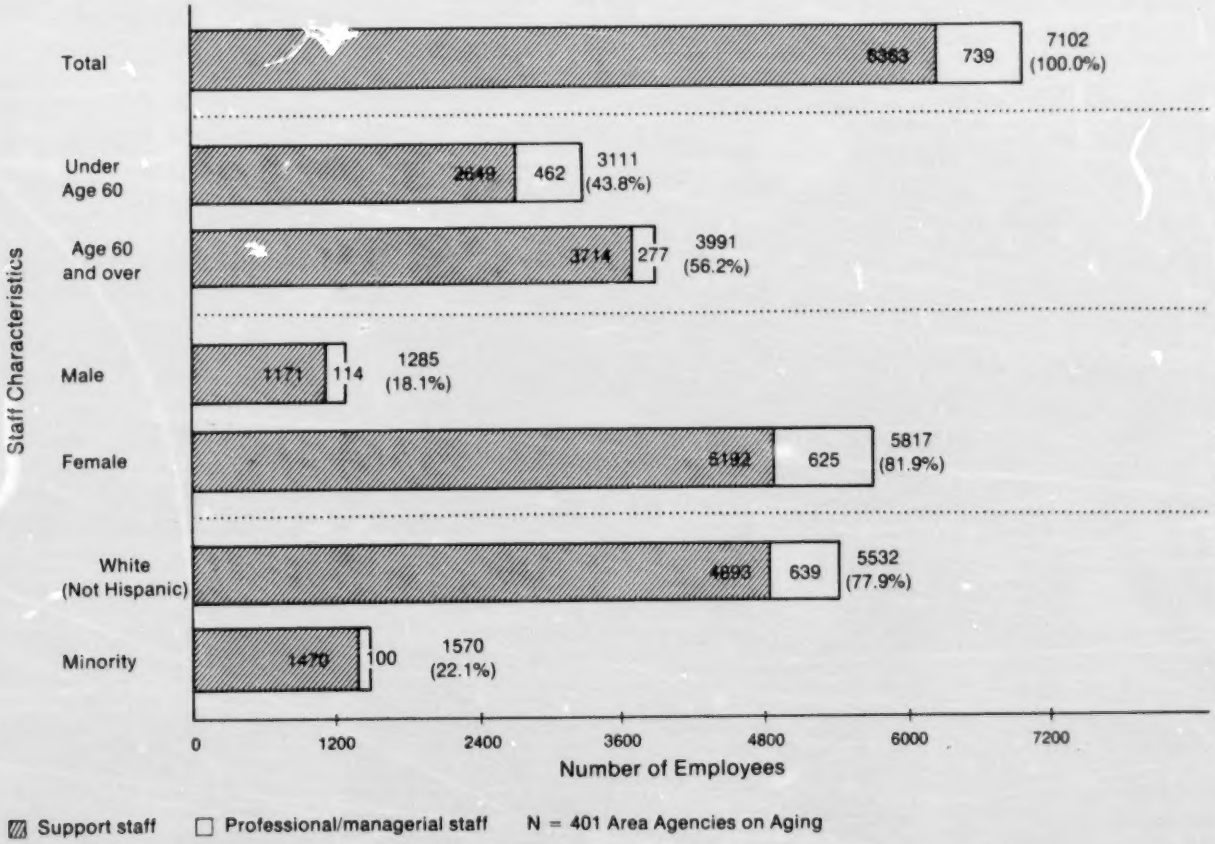
- **What are the characteristics of part-time Area Agency on Aging staff?**

As shown in Figure 14, 90 percent of part-time Area Agency on Aging staff hold support positions while 10 percent are employed in professional positions. *Of all part-time staff, 56 percent are 60 years of age or older.* Area Agencies employ almost 4000 older persons in part-time positions. *Eighty-two percent of the part-time employees are women and 22 percent are minority.* Fifty-three percent of the part-time staff have been employed in the Area Agency for 2 years or more.

- **What are the characteristics of Area Agency Advisory Councils?**

Each Area Agency on Aging is required to establish an Advisory Council which assists the Area Agency in (1) developing and administering the Area plan; (2) conducting public hearings; (3) representing the interests of older persons; and (4) reviewing and commenting on other community policies, programs and actions which affect older persons. More

Figure 14 Characteristics of Part-time Area Agency on Aging Staff



than fifty percent of the members must be older persons and include persons with economic or social needs and recipients of services provided under the Older Americans Act.[5]

Advisory Councils vary substantially in size from community to community. *The number of Advisory Council members ranges from 3 to 111 among Area Agencies with a median of 20 and an average of 22 members. As shown* in Figure 15, *73.8 percent of all members are 60 years of age and older.* This figure far exceeds the requirement that more than half of the members be older persons. Approximately 54 percent of all members are women and 17.6 percent are minorities.

As shown in Figure 16, *program participants, who account for 49 percent of all Advisory Council members, are by far the single largest category of members.* Program participants are individuals 60 years of age and older and beneficiaries of the services coordinated and funded by the State and Area Agencies. Community and advocacy group affiliates are the next largest category representing 20.6 percent of all Advisory Council members. Approximately, *14 percent of Advisory Councils represent the private sector either as staff of private or voluntary agencies or as members of the business community.*

It should be noted that in Figure 16 the total of all types of members exceeds the actual number of members since a person can represent more than one group. For example, an Advisory Council member can be both an affiliate for an advocacy group and a program participant.

Figure 15 Area Agency on Aging Advisory Council Membership by Age, Sex and Minority Status (Number and Percent of Total Advisory Council Members)

	Under Age 60		Age 60 and over		
	Male	Female	Male	Female	Total
Minority	175 (1.5%)	272 (2.4%)	632 (5.6%)	919 (8.1%)	1998 (17.6%)
All Other	1098 (9.7%)	1433 (12.6%)	3364 (29.6%)	3469 (30.5%)	9364 (82.4%)
Total	2978 (26.2%)		8384 (73.8%)		11,362 (100.0%)

N = 516 Area Agencies on Aging.

- **What are the characteristics of Area Agency Policy Boards?**

Policy Boards are governing bodies, elected or appointed to establish policy for the Area Agency and to develop procedures for carrying out those policies. Advisory Councils, on the other hand, do not govern, but rather offer advice and recommendations to the Board and Area Agency staff to help them accomplish their goals and implement policies and procedures. *Four hundred and eighty-four (91 percent) Area Agencies have policy boards.* The number of policy board members range from 3 to 80 with a median of 15 and an average of 18 members. *Forty-five percent of all members are 60 years of age and over.*

Area Agency policy boards include boards of directors in private/non-profit organizations, county commissioners in public organizations, as well as distinct and separate groups formed for the sole purpose of guiding the Area Agency on Aging. The right two columns in Figure 16 show the number of members representing each category. The percentages add to more than 100 because some individuals represent more than one category.

Policy board representation differs substantially from that of the advisory council. *Elected officers account for 48.3 percent of all policy board members.* This reflects the fact that many policy boards guide public Area Agencies on Aging. The next three largest categories are program participants, business community representatives and community/advocacy group affiliates, respectively. Public agency staff account for the smallest number of individuals.

Figure 16 Advisory Council and Policy Board Representation in Area Agencies on Aging

	Advisory Councils*		Policy Boards**	
Representation	Number of Members	Percent of Total Membership (%)	Number of Members	Percent of Total Membership (%)
Elected Officials	705	6.2	4217	48.3
Public Agency Staff	1411	12.4	637	7.3
Private/ Voluntary Agency Staff	933	8.2	306	3.5
Program Participants	5610	49.4	1404	16.1
Community/ Advocacy Group Affiliates	2339	20.6	1261	14.5
Business Community Representatives	696	6.1	1363	15.6
Other	1153	10.2	785	9.0

*N = 516 Area Agencies on Aging
**N = 484 Area Agencies on Aging

[5]For more information about Advisory Councils, see "Linking Area Agencies on Aging and the Community through Effective Advisory Councils," published by N4A and AARP in October, 1981.

- **What size budgets are Area Agencies on Aging responsible for administering?**

The size and scope of Area Agency budgets vary tremendously according to the number of older persons and the type of programs administered in the planning and service area. While each Area Agency receives an allotment for Older Americans Act programs from the State Unit, additional funds are secured from a multitude of private and other public sources.

Figure 17 categorizes Area Agencies by the size of their total budget. It is evident that the majority of Area Agencies fall at the lower end of the budget ranges displayed. While 16 percent of the Area Agencies have budgets of less than $500,000, only 3.8 percent of the Area Agencies are in the uppermost category with budgets of at least $6 million. Over half of the Area Agencies have a budget of less than $1.2 million and nearly three-fourths have less than $2 million.[6]

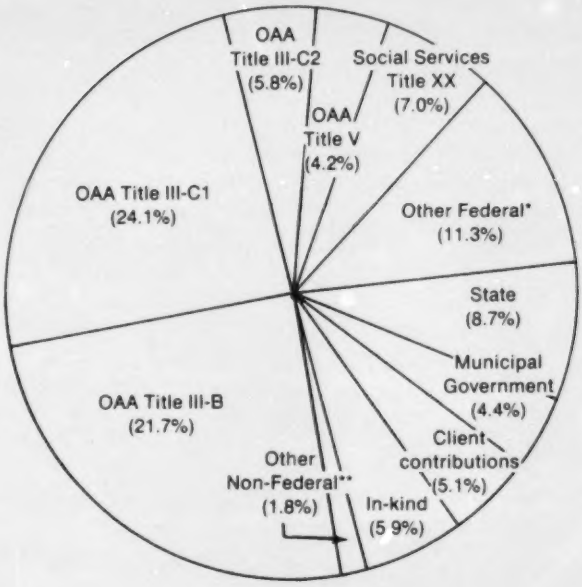
Figure 17 Budget Totals of Area Agencies on Aging.

Total Area Agency Budget (in thousands of dollars)	Number of Area Agencies	Percent (%)	Cumulative Percent (%)
Under $500	88	16.6	16.6
$500- $999	135	25.5	42.1
$1,000-$1,499	91	17.2	59.3
$1,500-$1,999	66	12.4	71.7
$2,000-$2,499	44	8.3	80.0
$2,500-$2,999	31	5.8	85.8
$3,000-$3,499	17	3.2	89.0
$3,500-$3,999	17	3.2	92.2
$4,000-$4,499	7	1.3	93.5
$4,500-$4,999	6	1.1	94.6
$5,000-$5,499	4	.8	95.4
$5,500-$5,999	4	.8	96.2
$6,000 and over	20	3.8	100.0

N = 530 Area Agencies on Aging
*Includes all funding sources which appear in the budgets of Area Agencies on Aging.
Median budget is $1,215,314

[6]Budget figures are those in effect as of August, 1981, regardless of the Agency's particular fiscal year.

Figure 18 Area Agency on Aging Composite Budget by Source



N = 530 Area Agencies on Aging

*Other Federal includes:
- Title XIX (Medicaid)
- Title XVIII (Medicare)
- ACTION
- CETA
- Department of Transportation
- Community Development Block Grants
- Older Americans Act Title IV
- Department of Agriculture Commodities and Cash in Lieu of Commodities
- Other

**Other Non-Federal Includes:
- Private Funds
- Other

- **What funding sources are used by Area Agencies on Aging?**

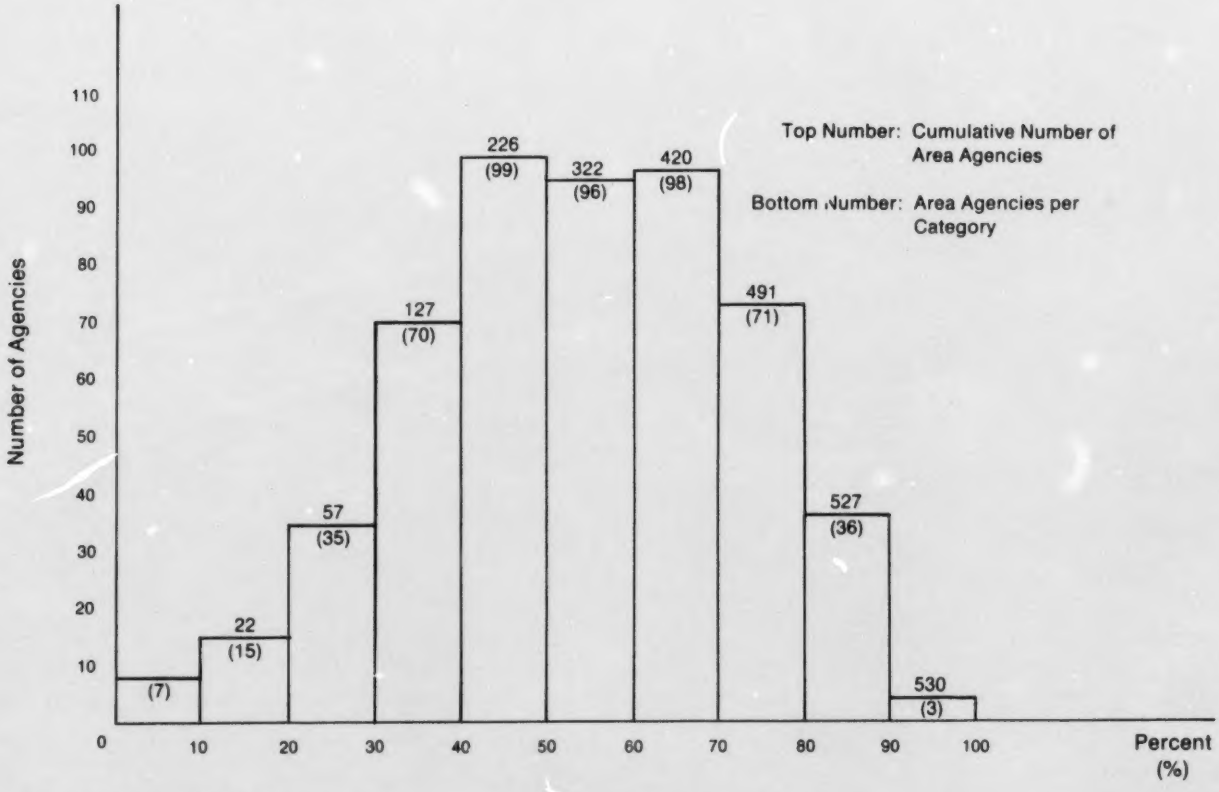
All together, the Area Agency respondents manage funds from over 18 sources. Figure 18 shows the percentage each source is of the 530 Area Agency budget totals. Older Americans Act funds comprise slightly over half of the Area Agencies' total budgets. Sources other than federal dollars comprise over one-quarter (26 percent) of the total budgets. As Figure 18 shows, Area Agencies have gone beyond the Older Americans Act as a basis for supporting programs on aging. In addition, to the data presented in Figure 18, the percentage of the respondents using some of the other federal, state and

local funding sources is shown below:

1. State Funds ..... 89% of the Area Agencies
2. USDA Cash 80%
3. USDA Commodities 26%
4. County Funds ... 66%
5. Title XX 36%
6. City Funds 30%

Figure 19 shows that for a majority of Area Agencies, Title III Funds comprise between 40 and 70 percent of their budgets. Forty-three percent of all Area Agencies, however, receive less than half of their total funding from Title III B and C funds.

Figure 19 Older Americans Act Titles III B, III C-1 and III C-2 as a Percent of Total Budget for Area Agencies on Aging



N = 530 Area Agencies on Aging

Section IV

PROVIDERS AND SERVICES FOR THE AGING

State and Area Agencies on Aging are responsible for performing a variety of functions designed to enhance the quality of life and care for the elderly. Important among these is the financial support for the delivery of services for older persons.

As called for in the Older Americans Act, most of these services are delivered by local provider organizations under a grant or contract from an Area Agency. Financial support flows to the Area Agencies from the State Units and various other federal state and local sources where it is combined and awarded to meet the particular needs in a planning and service area. There are exceptions to this rule. Under certain circumstances, State and Area Agencies provide service directly, using their own staff. In other cases, State Units may award funds directly to a service provider without involving an Area Agency.

This Section describes the range of services offered, the service delivery methods employed, and the reasons certain approaches and patterns exist. The service definitions used during the data collection process and in this report are shown in Appendix A.

- **Who provides services to older persons?**

Approximately 87 percent of the services delivered to older persons are provided by community-based agencies, such as multi-purpose senior centers, educational institutions, health service agencies, local public welfare offices, and family services agencies. Of the services these agencies provide, 92.5 percent are offered through grants or contracts, awarded by Area Agencies, with the remaining 7.5 percent of services funded directly by State Units to provider organizations.

The remaining 13 percent of the services (not provided through grants or contracts) are offered directly by State and Area Agencies, themselves. When services are actually operated by State and Area Agencies, it is often due to the absence of appropriate providers particularly in rural or isolated areas. In addition, when State Units directly provide services, it most frequently pertains to the Long Term Care Ombudsman Program, as specified in Section 307 of the Older Americans Act.

- **What type of service providers receive funds and how are they compensated?**

Survey respondents indicated a total of 7,392 grants and contracts through which services were provided to older persons. Figure 20 shows, for each grant or contract, the governance of service provider agencies. As the table indicates, *more than two-thirds of all grants and contracts are with private non-profit agencies, 20 percent are with public agencies, and 4 percent are with private, for-profit agencies.* It is not surprising that private, non-profit and public agencies account for the great majority of grants and contracts, since it was not until July of 1981 that a requirement restricting awards to for-profit organizations was eliminated. Prior to that, profit making agencies receiving grants and contracts under the Older Americans Act had to demonstrate clear superiority to non-profit organizations, a provision which was eliminated by the Omnibus Budget Reconciliation Act of that year.

State and Area Agencies use a variety of payment methods to reimburse providers for the services they render. As shown in *Figure 21, provider agencies*

Figure 20 Provider Agency Governance

Service Provider Governance	Number of Grants/Contracts	Percent of Grants/Contracts (%)
Private Non-Profit	4,974	67.3
Unit of Government	2,072	28.0
Private for Profit	285	3.9
Tribal Organization	61	.8

N = 7,392 Grants/Contracts

are reimbursed for actual costs in 73.9 percent of all grants and contracts. Another 12 percent of grants/contracts, which are awarded by 206 State and Area Agencies, involve unit cost reimbursement. Future analyses will permit us to explore the types of services and other patterns associated with this reimbursement method.

Figure 21 Grant and Contract Reimbursement Methods

Method of Reimbursement	Number of Grants/Contracts	Percent of Grants/Contracts (%)
Fixed Price Per Unit Delivered	729	9.9
Other Fixed Price Contract	891	12.0
Reimbursement For Actual Costs	5,466	73.9
Cost Reimbursement Plus Fixed Price	313	4.2

N = 7,399 Grants/Contracts

- **What service activities are most frequently funded by State and Area Agencies?**

For the purpose of this report the word "service" has referred to specific *activities* that are funded by State and Area Agencies and provided to older persons. Regardless of whether delivered under a grant or contract or directly by a State or Area Agency, survey respondents reported over 37,000 instances in which individual service activities are funded. State Units on Aging fund 7 percent of these activities, while Area Agencies fund 93 percent. Figure 22, which shows the incidence of State and Area Agency funding for specific activities, illustrates the wide range of services available, as well as those provided most frequently. For example, *the five activities funded by at least 85 percent of State and Area Agencies are Meals (99 percent), Transportation (96 percent), Information (92 percent), Referral (86 percent), and Advocacy (85 percent)* which includes facets of legal services programs.

It is important to recognize that *State Units* are included in this table and that they fund only a small percentage of all services listed. Consequently, there is no one activity which is funded by 100 percent of the agencies. As shown in Figure 22, most State Units and Area Agencies fund a wide array of service

Figure 22 Distribution of Service Activities Funded By State Units and Area Agencies on Aging*

Activity	Number of Area Agencies and/or State Units	Percent of Area Agencies and/or State Units (%)
Meals (Congregate and Home Delivered)	550	99
Transportation	533	96
Information	512	92
Referral	493	86
Advocacy (Includes Legal)	471	85
Recreation	446	80
Client Finding (e.g., Outreach)	421	76
Counseling	421	76
Assessment	384	69
Housekeeping	373	67
Visiting	352	63
Escort Service	344	62
Telephoning	326	59
Instruction/Training	320	57
Chore Service	315	57
Personal Care	301	54
Shopping	281	50
Placement	277	50
Ombudsman	253	45
Evaluation (e.g., Follow-up)	227	41
Physical Fitness	225	39
Repairs/Maintenance/ Renovation	216	32
Supervision	178	29
Diagnosis	160	26
Treatment	146	25
Letter Writing/ Reading	140	24
Income Support/ Material Aid	136	24
Discount	133	24
Guardianship/ Conservatorship	101	18
Interpreting/ Translating	98	18

N = 557 (Includes both State Units and Area Agencies on Aging)
*See Appendix A for Activity Definitions.

activities, ranging from meals to personal care to guardianship. This diversity in the services provided to older persons is largely due to the fact that the planning process and service systems design occur at the state and local levels. As a result, programs are often unique and vary among the State Units, Area Agencies and communities where services are delivered, reflecting the needs of older persons in a particular locale.

- **In what programmatic areas are services provided?**

Service activities can be further described by identifying a *Program Area* in which they occur. For example, advocacy, which is a generic activity, may be part of a legal services program or consumerism service. Consequently, program areas such as legal, consumerism, and nutrition, more accurately communicate the nature of a given service. The use of *program areas* in defining services is described in Appendix A.

For example, transportation as an activity, was concentrated within three program areas: Nutrition (33.8 percent), Health-Medical (31.6 percent) and community-based care (20.9 percent). On the other hand, Information and Referral (reported as separate activities), did not cluster in any specific program area, given its cross-cutting nature.

A special look at advocacy reveals why this activity is funded so frequently. After discounting the category "general" (which means that more than 2 program areas are involved), advocacy is described as a legal service over 50 percent of the time. Counseling is another activity largely associated with the program area "legal." Legal services are one of the three priority services mandated by the Older Americans Act.

- **What sources of funds are used to provide services?**

In addition to the wide range of services, there also tends to be a broad funding base for service programs provided under grant or contract or provided directly by State or Area Agencies. Over a billion dollars were budgeted for services, of which Older Americans Act (OAA) Title III-C (Nutrition) comprises 26 percent. The next largest funding source is OAA Title III-B (Social Services) which comprises 18.2 percent. State/Local funds, which make up 11.3 percent of the service dollars, are the third largest while the fourth is SSA Title XX at 8.8 percent. The remaining 35.7 percent of budgeted service money includes: OAA Title V, other federal funds, cash from the provider agency, client contributions, other income, and in-kind resources.

Figure 23 Activities Partially or Fully Supported By Older Americans Act Title III B Funds*

Activity	Number of Times Funded	Percent of Times Funded (%)
Advocacy (Includes legal)	1238	23.8
Assessment	654	12.6
Client Finding (eg. Outreach)	570	11.0
Transportation	519	10.0
Information[7]	369	7.1
Chore Service	304	5.8
Counseling	240	4.6
Housekeeping	216	4.2
Escort Service	153	2.9
All Other	937	18.0
Total	5200	100.0

N = 5200 activities
*See Appendix A for Activity Definitions

- **What kinds of services are funded with Older Americans Act Title III-B funds?**

Figure 23 shows the incidence of activities within grants, contracts, and State Unit/Area Agency directly provided services that use OAA Title III-B funds. Although it is not possible to determine the proportion of Title III-B dollars which are allocated to any one activity (this data is included in Phase II), one can see the activities which were funded most frequently. Thus, this table is useful for understanding the distribution of activities supported with OAA III-B resources.

Figure 23 reveals which activities are most frequently funded by Older Americans Act III-B money. *However, most of the III-B activities occur in the following four program areas: Community Based Care, Health-Medical, Legal, and Nutrition.* Any given activity can, of course, occur in more than one program area. For example: transportation, as a discrete activity, frequently helps meet the needs of older people in program areas such as nutrition and health-medical. Therefore, Title III-B funded transportation services help meet two critical needs: to bring older persons to nutrition sites and to receive medical treatment.

[7]Information and Referral are separate in order to provide a basis for collecting accurate data about what is frequently two, separate activities.

Figure 24 Activities Partially or Fully Supported By Social Security Act Title XX Funds*

Activity	Number of Times Funded	Percent of Times Funded (%)
Advocacy	181	21.8
Assessment	133	16.0
Housekeeping	106	12.8
Chore Service	100	12.0
Transportation	64	7.7
Client Finding (eg. Outreach)	60	7.2
Meals	55	6.6
Information[a]	40	4.8
All Other	92	11.1
Total	831	100.0

N = 831 activities
*See Appendix A for Activity Definitions

- **What kinds of services are funded under Title XX of the Social Security Act?**

Figure 24 shows the breakdown of activities supported with funds under Title XX of the Social Security Act from State and Area Agencies. The majority of Title XX activities occurs in three program areas: Community Based Care, Health-Medical and Nutrition. The activities most frequently supported under Title XX are advocacy, assessment, housekeeping and chore. The advocacy activities funded under Title XX are less likely to support legal services programs than OAA Title III-B. Rather, advocacy is more likely to be an activity provided in a community-based care program. Case Management is an example of a service where advocacy related to community-based care is often a key component.

In comparing the total array of activities supported by Title XX and Title III-B, it is evident that the range and scope of Title III-B activities is considerably greater. Title XX activities are concentrated in a fewer number of areas. For example, both housekeeping and chore services comprise a proportionately larger share of activities funded under Title XX than under Title III-B. In addition, transportation activities under Title XX occur almost exclusively in the program area of health-medical (discounting the general category). Analyses during Phase II will identify any special State requirements for Title XX funds which support programs on aging. These affect the types of services for which Title XX funds may be used in State and Area Agency programs and may explain the service concentrations we have identified thus far.

[a]Information and Referral are separate in order to provide a basis for collecting accurate data about what is frequently two, separate activities.

- **Where in the community do older persons receive these services?**

The most frequently reported community service delivery site is a "multi-purpose senior center/community center." As indicated in *Figure 25*, 41.3 percent of all services are delivered here. Churches are the second most frequently used site for delivering services.

Aside from community sites, certain services are delivered at the client's home. *The services which are provided most often at the home of an older person are:* Meals, Housekeeping, Visiting, Assessment, Chore, Personal Care, Telephoning, Counseling, Repairs/Maintenance/Renovation and Shopping. These services account for 32 percent of all service activities. Other than home-delivered meals, these are also services most often supported by OAA Title III-B and SSA Title XX.

Figure 25 Service Delivery Sites*

Type of Site Used to Deliver Services	Number of Grants/Contracts/ Direct Services Using Site	Percent of Grants/ Contracts/ Direct Services (%)
Multi-purpose Senior Centers/Community Centers	3,941	41.3
Churches	1,188	12.5
Provider Offices	1,119	11.7
Public Housing/Senior Housing Facilities	1,067	11.2
Schools	374	3.9
Health/Mental Health Outpatients Clinics	270	2.8
Long Term Care Facilities	256	2.7
Mobile Units	65	.7
Child Day Care Centers	56	.6
Other	1,199	12.6
Total	9,535	100.0

N = 8,065 Grants/Contracts/Direct Services
*Accounts for the types of service sites used within grants/contracts/direct services

APPENDIX A

SERVICE DEFINITIONS

To help ensure the comparability of service information collected for the Data Base, a uniform set of descriptions were used by respondents. Constructed as a two-dimensional matrix, this *taxonomy* consists of a list of generic *Activities*, e.g., *counseling*, modified by a set of *Program Areas*, e.g., *mental health*, which, when combined, identify in detail the nature of the service. These detailed *Activity/Program Area* combinations can also be grouped under a compound service heading, e.g., *Adult Day Care*, for definitional purposes. For a thorough presentation of this approach see the report, "Uniform Descriptions of Services for the Aging," published by NASUA and N4A in May, 1981.

I. ACTIVITY DEFINITIONS

1. ADVOCACY: to plead and/or act on behalf of an individual group to obtain a service. It assists older persons to obtain their rights and to obtain their objectives (includes legal representation, and other activities).
2. ASSESSMENT: to collect necessary information about a client to determine need and/or eligibility for a service. Information collected may include demographics, health status, financial status, etc. and may also include routine tests such as blood pressure, hearing, vision, etc.
3. CHORE SERVICE: to handle household chores such as heavy cleaning, yard and walk maintenance, which the older persons(s) is unable to handle on his own and which do not require the services of a trained homemaker or other specialist.
4. CLIENT FINDING: interventions initiated by a provider to identify clients and to encourage the use of existing services and benefits (e.g., as part of outreach).
5. COUNSELING: uses the casework mode of relating to a client (via interview, discussions, or lending a sympathetic ear) to adives and to enable the older person and/or his family to resolve problems (concrete and emotional) or to relieve temporary stresses encountered by them. It includes a provision of legal advice and legal counseling. May be done on a one-to-one basis or on a group basis and may be conducted by paid, donated and/or volunteer staff.
6. DIAGNOSIS: investigation or analysis by a *medical* or *health* professional to determine the cause or condition, situation or problem confronting a patient. (For medical, dental and psychiatric program areas only.)
7. DISCOUNT: a reduction made on goods or services from a regular or list price.
8. ESCORT SERVICE: accompanying and personally assisting a client to obtain a service.
9. EVALUATION: determining quality and/or effectiveness of a service provided to an *individual* client. Usually performed as a *follow-up* to referral or case management activity, and distinguished from Diagnosis or Assessment, above, or project evaluation.
10. GUARDIANSHIP / CONSERVATORSHIP: performing legal and financial transactions on behalf of a client based upon a legal transfer of responsibility (e.g., as part of protective services).
11. HOUSEKEEPING: provides help for housecleaning, laundry, essential shopping, errands and meal preparation. Does not require trained personnel since emphasis is on tasks usually performed by domestic workers.
12. INCOME SUPPORT/MATERIAL AID: in the form of money or goods.
13. *INFORMATION: providing concrete information to a client about available public and voluntary services and resources (including name, address and telephone number of service or resource.)
14. INSTRUCTION/TRAINING: providing the experience and/or knowledge for clients to acquire skills, in a formal or informal, individual or group situation.
15. INTERPRETING/TRANSLATING: to explain the meaning of oral and/or written communication to non-English speaking and/or handicapped persons unable to perform the function.
16. LETTER WRITING/READING: to read, write, interpret and/or translate business and personal correspondence.

*Information and Referral are separate in order to provide a basis for collecting accurate data about what is frequently two, separate activities.

17. MEALS: providing one hot or other appropriate meal per day, which assures a minimum of one-third of the R.D.A.*

18. OMBUDSMAN: to receive, investigate and work to resolve disputes between, or on behalf of consumers who reside in long-term care facilities, and the providers without necessarily ascribing blame to any of the involved parties.

19. PERSONAL CARE: assisting a client with bathing, medication, dressing, personal appearance, feeding and toileting under the direction of a medical professional.

20. PHYSICAL FITNESS: activities which sustain and/or improve physical and mental health.

21. PLACEMENT: assisting a person in obtaining a suitable place or situation such as employment, housing, institution, etc.

22. RECREATION: to participate in activities, such as sports, performing arts, games, and crafts, either as a spectator or as a performer, facilitated by a provider.

23.**REFERRAL: linkage with appropriate community resource(s) to ensure necessary service will be delivered to the client. Must include contact and follow-up with the provider and/or client, and usually accompanies advocacy.

24. REPAIRS/MAINTENANCE/RENOVATIONS: improving or maintaining residence, appliances, etc.

25. SHOPPING: providing assistance in the purchase of food, clothing, medical supplies, household items and/or recreational materials for a client.

26. SUPERVISION: Overseeing actions and/or behavior of a client to safeguard his rights and interests; protection against harm to self or others. (Usually part of a compound service: protective services, adult day care, etc.)

27. TELEPHONING: phoning in order to provide comfort or help.

28. TRANSPORTATION: taking client from one location to another. (Does not include any other activity.)

29. TREATMENT: providing service in support of a specific physical (medical), dental or psychiatric problem.

30. VISITING: going to see a client in order to comfort or help.

*Recommended Dietary Allowance, Food and Nutrition Board, National Academy of Sciences—National Research Council

**Information and Referral are separate in order to provide a basis for collecting accurate data about what is frequently two, separate activities.

II. Program Area Definitions

1. COMMUNITY BASED CARE: programs designed to support older persons in the community and/or the placement of the older person in non-institutional settings, e.g., foster care, residential facilities, home of a relative or friend, etc.

2. CONSUMERISM: includes programs on planning for and purchasing of goods and services that directly satisfy human needs; done in order to avoid financial exploitation and to facilitate lower costs and/or improve the quality of goods and services.

3. CRIME: includes programs designed to assist older persons who are crime victims as well as providing the necessary programmatic mechanisms which will protect them from being victims of crime in the future.

4. EDUCATION: includes all programs designed to inform, educate, teach, train or instruct older persons; in order to expand their knowledge and/or to expand their opportunities in a specific skill, craft, trade or occupation, in formal or informal settings for individual or groups.

5. EMPLOYMENT/SECOND CAREER: programs designed to increase the employment opportunities for the older worker in the general labor market as well as in special employment programs.

6. ENERGY: programs designed to relieve older persons of the excessive burdens of high utility and home heating costs.

7. FINANCIAL: programs designed to provide assistance with money matters which affect the older person and his/her property, including the management and use of funds and assets.

8. HEALTH—DENTAL: programs designed to provide treatment for older persons in the care of their teeth and associated tissues and to provide, insert and maintain dentures.

9. HEALTH—MEDICAL: programs designed to provide services, drugs and equipment which will prevent, alleviate and/or cure the onset of acute and/or chronic illness and increase the older persons' awareness of their special health needs.

10. HEALTH—MENTAL: programs designed to provide services and drugs that will support and/or improve the emotional well being of an individual.

11. HOUSING: programs designed to maintain and/or improve the housing conditions of the elderly and/or reduce the costs of their housing. Includes congregate (retirement, apartment, hotel), group

living, owner occupied housing and private apartments. Includes programs which assist older persons in obtaining and retaining suitable housing. (Do not use if 1, Community Based Care, applies.)

12. INSTITUTIONAL CARE: programs relating to the placement and support of the older person in institutional settings which provide room, board and supportive services, such as, nursing homes, psychiatric facilities, extended care facilities, etc.

13. LEGAL: programs designed to assist the elderly in matters related to their legal rights, benefits, and entitlements through legal advice, counseling and representation. Includes representation by an attorney and/or trained paralegal in legal matters (i.e., public benefits, property, housing problems, employment problems, consumer problems, long-term care problems, family problems, wills and estates).

14. NUTRITION: programs designed to improve client health through improved food purchasing, diet, preparation, education, etc.

15. SOCIALIZATION: programs designed to promote the well-being of older persons by participation in group activities.

16. VOLUNTEER OPPORTUNITIES: programs designed to provide opportunities for older persons to serve, on a non-paying basis, through agencies and institutions in their communities.

17. GENERAL: used if the primary purpose of one of the Activities is to obtain information about, or involve the client in more than two Program Areas, simultaneously.

APPENDIX B

CONTENT OF NATIONAL DATA BASE ON AGING

This chart presents a general overview of the information contained in the Data Base from the first year survey, as well as the information which will be collected during the second year sampling effort. The purpose of this listing is to provide a short summary of the Data Base content. Detailed documentation is available from NASUA/N4A regarding individual fields of data, for those persons needing a greater level of specificity.

State Unit on Aging	Phase I Network Survey (first year)	Phase II Sample Update (second year)
Director Information		
—Demographics		X
—Education/Experience		X
—Salary Range		X
—Perception of *their* Role as SUA Director (Rank Ordered)		X
• Internal Administration		X
• Grants/Contracts Management		X
• State Plan Development		X
• Service Systems Development/Advocacy		X
• Training		X
• Service Provision by the State Unit		X
—Their Perception of the *Agency's* Role		X
• Internal Administration		X
• Grants/Contracts Management		X
• State Plan Development		X
• Service Systems Development/Advocacy		X
• Training		X
• Service Provision by the State Unit		X
Organization Type	X	
Staff		
—Race/Ethnic Group	X	X
—Employment Period	X	
—Education	X	
—Sex	X	X
—Age	X	X
—Full-Time/Part-Time	X	X
—Type (e.g. support, clerical, professional/managerial)	X	X
—Volunteer/Donated		X
Staff Turnover	X	X
Full-time Equivalent Staff Assignment by Function		X
Advisory Council		
—Demographics	X	
—Affiliation	X	
—Selection Method	X	
Policy Board (if applicable)		
—Demographics	X	
—Affiliation	X	
—Selection Method	X	
State Unit Planning Cycle Information	X	X
State Unit Policy Information—Manner in which State Directs Specified Services to Client Target Groups		X
Intrastate Allocation Formula	X	X

State Unit on Aging	Phase I Network Survey (first year)	Phase II Sample Update (second year)
Budget and Expenditure Information		
—Fiscal Year	X	X
—Sources	X	X
—Amounts	X	X
—Uses	X	X
• Retained by SUA for Its Own Use		X
• Allocated to AAAs		X
• Allocated by SUA to Direct Service Providers		X
Total State Resources for Aging from all Sources		
—Source Identification		X
—Amounts		X
Computer Information Systems Descriptions	X	X
Service Systems Development, Coordination and Advocacy Activities Undertaken		X

Area Agency on Aging		
Director Information		
—Demographics		X
—Education/Experience		X
—Salary Range		X
—Perceptions *of their* Role as AAA Director (Rank Ordered)		X
• Internal Administration		X
• Grants/Contracts Management		X
• Area Plan Development		X
• Service Systems Development/Advocacy		X
• Training		X
• Service Provision by the Area Agency		X
—Their perception of the *Agency's* role		X
• Internal Administration		X
• Grants/Contracts Management		X
• Area Plan Development		X
• Service Systems Development/Advocacy		X
• Training		X
• Service Provision by the Area Agency		X
Organization/Structure	X	
Staff		
—Race/Ethnic Group	X	X
—Employment Period	X	
—Education	X	
—Sex	X	X
—Age	X	X
—Full-Time/Part-Time	X	X
—Type (e.g. support, clerical, professional/managerial)	X	X
—Volunteer/Donated		X
Staff Turnover	X	X
Full-Time Equivalent Staff Assignments by Function		X
Advisory Council		
—Demographics	X	
—Affiliation	X	
—Selection Method	X	

Area Agency on Aging	Phase I Network Survey (first year)	Phase II Sample Update (second year)
Policy Board (if applicable)		
—Demographics	X	
—Affiliation	X	
—Selection Method	X	
Area Agency Policy Information—Manner in which Area Agency Directs Specified Services to Client Target Groups		X
Budget and Expenditure Information		
—Fiscal Year	X	X
—Sources	X	X
—Amounts	X	X
—Uses		X
• Administration		
• Program Development		
Computer Information Systems Descriptions	X	X
Program Development Activities		X

Services		
Provider Organization Type	X	X
Numbers and Types of Service Delivery Sites Used	X	X
Grant/Contract Periods	X	X
For Each Grant/Contract		
—Funding Sources and Amounts Used	X	X
—Service Costs		X
—Units of Service Provided		X
—Number and Characteristics of Clients Served		X